

# DIVERSITY BUSINESS ENTERPRISE REGISTRATION FORM



State of Tennessee  
Governor's Office of Diversity Business Enterprise  
William R. Snodgrass TN Tower 27<sup>th</sup> Floor, 312 Eighth Avenue North  
Nashville, Tennessee 37243  
Toll Free Number 866-894-5026 Office Number 615-253-4657

When answers require additional space, use plain white paper. Please answer all questions as completely as possible. It is important that you respond to all questions. You must include all attachments requested. Please Note: if required support documents are not included, the processing of the registration form will be delayed.

Please Check One:  
Initial Registration ☐  
Renewal Registration ☐  
Date: \_\_\_\_\_

## SECTION I – GENERAL BUSINESS INFORMATION

**1. COMPANY NAME:** (Please enter the name of your business or the owner's name if this is a sole proprietorship)

**2. COMPANY ADDRESS:** (Please enter the following information for the primary location of this business. Please Do Not enter a P.O. Box.)

(Suite or Office) \_\_\_\_\_  
(Street Address) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Zip +4) \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) (Area Code) - (\_\_\_\_\_) (Prefix) (\_\_\_\_\_) (Number) X (\_\_\_\_\_) (Extension)  
Fax Number: (\_\_\_\_\_) (Area Code) - (\_\_\_\_\_) (Prefix) (\_\_\_\_\_) (Number)  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_

**3. COMPANY CONTACT:** (Please enter all information for the individual who will be the primary contact for your business with our office)

(Last Name, First Name & Middle Initial) \_\_\_\_\_  
(Title) \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) (Area Code) - (\_\_\_\_\_) (Prefix) (\_\_\_\_\_) (Number) X (\_\_\_\_\_) (Extension)  
Mobile Number: (\_\_\_\_\_) (Area Code) - (\_\_\_\_\_) (Prefix) (\_\_\_\_\_) (Number)  
Email: \_\_\_\_\_

## SECTION II - BUSINESS ASSESSMENT/NEEDS ANALYSIS

**4. LEGAL STRUCTURE OF THE BUSINESS:**

☐ Sole Proprietorship ☐ Partnership ☐ LLC  
☐ Corporation ☐ Joint Venture ☐ S Corporation  
☐ Other (explain) \_\_\_\_\_  
State: \_\_\_\_\_

**5. BUSINESS HISTORY:**

a. Number of Years in Business: \_\_\_\_\_  
b. Date Business Established: \_\_\_\_\_  
c. Date Incorporated: \_\_\_\_\_  
d. Acquired Existing Business? (Yes or No): \_\_\_\_\_  
e. If Yes, then Date Acquired: \_\_\_\_\_

**6. TYPE OF BUSINESS ACTIVITY:** (Describe in detail what product(s), goods or services your business provides. Attach additional pages if needed)

☐ Agriculture, Forestry or Fishing ☐ Wholesale Trade  
☐ Construction Services ☐ Service Industry  
☐ Retail Trade ☐ Consulting  
☐ Manufacturing  
☐ Other \_\_\_\_\_

**7. SPECIFIC PRODUCTS, GOODS OR SERVICES YOU DESIRE TO PROVIDE TO THE STATE OF TENNESSEE:**

1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_  
5) \_\_\_\_\_

**8. WORKFORCE:**

a. Number of Full-time employees \_\_\_\_\_  
b. Number of Part-time employees \_\_\_\_\_

Key Personnel: (Provide names and titles)

c. \_\_\_\_\_  
d. \_\_\_\_\_  
e. \_\_\_\_\_

**9. BUSINESS LICENSE:** (Specify type of work)

City: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Type of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>10. CONTRACTOR LICENSE:</b> <i>(Specify type of work)</i>  State: _____ Limit: _____ Number _____ Expiration Date: _____ Type of Work: _____ _____	<b>11. FEDERAL IDENTIFICATION NBR:</b> <i>(Please enter <u>either</u> your Federal Employers Identification Number (if incorporated) or your Social Security Number (if sole proprietor))</i>  <div style="text-align: center;"> <input type="checkbox"/> FEIN      <input type="checkbox"/> SSN      <b>(check only one)</b> </div> Nbr: _____
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<b>12. ANNUAL SALES:</b> <i>(Last three years)</i>  Year _____ Amt \$ _____ Year _____ Amt \$ _____ Year _____ Amt \$ _____	<b>13. INSURANCE INFORMATION:</b> <i>(Please check the type of Insurance carried by your business)</i>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> General Liability  <input type="checkbox"/> Workman Comp  <input type="checkbox"/> Other _____         </div> <div> <input type="checkbox"/> Automotive  <input type="checkbox"/> Professional Liability         </div> </div>
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<b>14. INSURANCE COMPANY:</b> <i>(If applicable for your business, list the company name, address, telephone number &amp; name of a contact person for your insurance carrier)</i>  _____ <small>(Company Name)</small> _____ <small>(Suite or Office)</small> _____ <small>(Street Address)</small> _____ <small>(City) (State) (Zip Code) (Zip +4)</small> Telephone Number: (____) ____ - ____ X ____ <small>(Area Code) (Prefix) (Number) (Extension)</small> _____ <small>(Contact Name - Last Name, First Name &amp; Middle Initial)</small>	<b>15. BONDING COMPANY:</b> <i>(If applicable for your business, list the company name, address, telephone number &amp; name of a contact person for your Bonding Company)</i>  _____ <small>(Company Name)</small> _____ <small>(Suite or Office)</small> _____ <small>(Street Address)</small> _____ <small>(City) (State) (Zip Code) (Zip +4)</small> Telephone Number: (____) ____ - ____ X ____ <small>(Area Code) (Prefix) (Number) (Extension)</small> _____ <small>(Contact Name - Last Name, First Name &amp; Middle Initial)</small>
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**16. BONDING INFORMATION:** *(If applicable for your business, please enter your bonding limits per job, your total bonding amount, your bonding rate and your bid amount limit)*  
  
 Bonding Limits Per Job: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_ Bonding Rate: \$ \_\_\_\_\_ Bid Amount Limit: \$ \_\_\_\_\_

**17. DIVERSITY PROJECT INFORMATION:** *(List the name of the major projects, dollar value and year that you participated in as a diversity business (minority or woman owned or small business))*  
  
 a. \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_  
 b. \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_  
 c. \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_  
 d. \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_

<b>18. CLIENT REFERENCES</b> <i>(list the business names, address, telephone number and name of a contact person for 3 clients)</i>	
a) _____ <small>(Business Name)</small>  _____ <small>(Street Address)</small> _____ <small>(City) (State) (Zip Code) (Zip +4)</small>	Telephone Number: (____) ____ - ____ X ____ <small>(Area Code) (Prefix) (Number) (Extension)</small> _____ <small>(Contact Name - Last Name, First Name &amp; Middle Initial)</small>
b) _____ <small>(Business Name)</small>  _____ <small>(Street Address)</small> _____ <small>(City) (State) (Zip Code) (Zip +4)</small>	Telephone Number: (____) ____ - ____ X ____ <small>(Area Code) (Prefix) (Number) (Extension)</small> _____ <small>(Contact Name - Last Name, First Name &amp; Middle Initial)</small>
c) _____ <small>(Business Name)</small>  _____ <small>(Street Address)</small> _____ <small>(City) (State) (Zip Code) (Zip +4)</small>	Telephone Number: (____) ____ - ____ X ____ <small>(Area Code) (Prefix) (Number) (Extension)</small> _____ <small>(Contact Name - Last Name, First Name &amp; Middle Initial)</small>

**SECTION III COMPANY OWNERSHIP AND MANAGEMENT CONTROL***Please provide the following information to claim status as a minority or a woman owned or small business enterprise.***19. BUSINESS IS APPLYING AS:** *(Please select ONLY ONE block from the categories below. You must choose to apply only as a Minority Business Enterprise OR as a Women Business Enterprise OR as a Small Business Enterprise. Even when qualified for multiple selections, ONLY ONE is allowed.)***a) Minority Business Enterprise**

- ☐ African American  
☐ Hispanic American  
☐ Native American  
☐ Asian American

**b) Women Business Enterprise**

- ☐ Non-Minority  
☐ African American  
☐ Hispanic American  
☐ Native American  
☐ Asian American

**c) Small Business Enterprise**

- ☐ Non-Minority  
☐ Female  
☐ African American  
☐ Hispanic American  
☐ Native American  
☐ Asian American

**20. OWNER/PARTNER/OFFICER INFORMATION:** *(Please complete the following section for all owners, partners and officers)**Attach additional pages if needed*

<u>Name &amp; Title</u>	<u>Gender</u> (M/F)	<u>Minority</u> (Ethnic Race)	<u>Citizen</u> (Y/N)	<u>Years</u> <u>Owned</u>	<u>% Of</u> <u>Ownership</u>	<u>Voting</u> <u>%</u>	<u># Of</u> <u>Shares</u> <u>Owned</u>	<u>Cost of</u> <u>Shares</u>	<u>Type</u> <u>Of Shares</u>

**SECTION IV REQUIRED DOCUMENTATION FOR BUSINESSES CLAIMING STATUS AS A SMALL BUSINESS ENTERPRISE***Please complete the information below which establishes that the business meets the criteria for claiming status as a Small Business Enterprise.***21. ANNUAL SALES AND NUMBER OF EMPLOYEES** *(Please complete the appropriate information for your industry if you claim to be a small business)*

<u>Industry</u>	<u>Annual Sales Volume</u>	<u>Nbr Of Employees</u>	<u>Industry</u>	<u>Annual Sales Volume</u>	<u>Nbr Of Employees</u>
<input type="checkbox"/> Construction	\$		<input type="checkbox"/> Insurance	\$	
<input type="checkbox"/> Manufacturing	\$		<input type="checkbox"/> Real Estate	\$	
<input type="checkbox"/> Wholesale Trade	\$		<input type="checkbox"/> Transportation	\$	
<input type="checkbox"/> Retail Trade	\$		<input type="checkbox"/> Commerce & Utilities	\$	
<input type="checkbox"/> Finance	\$		<input type="checkbox"/> Service Industry	\$	

**SECTION V REQUIRED DOCUMENTATION FOR BUSINESSES CLAIMING STATUS AS A MINORITY OR WOMEN ENTERPRISE***Please submit a copy of the following documentation which establishes that the business meets the criteria for claiming status as a Minority or Women Business Enterprise. Please check below the type of documentation included with this form.***22. MINORITY OR FEMALE PERSONS WHO OWN AT LEAST 51% OF BUSINESS** *(Please submit one or more of the following documents for each owner)*

- ☐ Birth Certificate    ☐ Passport    ☐ Driver's License    ☐ Tribal Card Number  
☐ Other documentation that tends to substantiate minority or women owned business enterprise status

Description: \_\_\_\_\_

**23. OWNERSHIP INTEREST IN BUSINESS** *(Please submit one or more of the following documents)*

- ☐ Articles of Incorporation (Corporation)    ☐ Partnership Agreement (Partnership)    ☐ Operating agreement (LLC)    ☐ Business Tax Returns  
☐ Other documentation that tends to prove ownership in the applicant business

Description: \_\_\_\_\_

**24. PRIMARY LOCATION OF BUSINESS** *(Please submit one or more of the following documents)*

- ☐ State authorization to transact business    ☐ Business licenses held by the business  
☐ Other documentation that tends to establish location in your state of business:

Description: \_\_\_\_\_

**25. PERMANENT RESIDENT ALIEN STATUS OF OWNERS** *(Please submit one or more of the following documents for each owner)*

- ☐ U.S. Birth Certificate    ☐ U.S. Passport  
☐ Other documentation that tends to establish U.S. citizenship

Description: \_\_\_\_\_

**SECTION VI TECHNICAL ASSISTANCE**

*Management and technical assistance may include referral to the State of Tennessee Economic and Community Development (ECD) Department. Consultation is available to individuals who are interested in starting a business, buying a business, or expanding an existing business. ECD consultants provide counseling to individuals regarding structuring financial plans, preparing loan applications, strategic planning, and guidance for writing business plans. Economic and Community Development maintains an extensive network of public and private sector financial institutions and business management resource agencies.*

**26. REQUESTED ASSISTANCE** *(Please provide in detail an explanation of requested assistance on a separate sheet)*

- ☐ Business start up assistance    ☐ Working Capital    ☐ Developing a business plan  
☐ Buying a business    ☐ Bonding    ☐ Counseling  
☐ Expanding an existing business    ☐ Certificate of Insurance    ☐ Grants

**27. AFFIDAVIT:**

The undersigned acknowledges that all submitted documents will become the property of the State of Tennessee. Further, the undersigned does hereby swear and affirm that he/she is a legal citizen of the United State and that the foregoing statements are true, accurate and include all pertinent information necessary to identify and explain the operations of \_\_\_\_\_.

(Name of business / Name of individual)

The undersigned shall permit an audit, which may include interview of principals, employees, and officers, and the examination of books, records and files, by authorized representatives of the State of Tennessee Governor's Office of Diversity Business Enterprise AT ANY TIME. Further, the undersigned hereby certifies that their tax records may be released by the Department of Revenue, if requested.

I/we have read and understand the attached instructions and definitions regarding minority, women owned and small business enterprise, and declare and affirm the business indicated meets the requirements. I/We further affirm the information which I/We provided in the foregoing Claiming Status as a minority, women or small business enterprise is complete, true and correct. I/We also understand that the State of Tennessee reserves the right to verify all the information submitted herein.

\_\_\_\_\_  
Signature of Principle Owner

\_\_\_\_\_  
Signature of Company Witness

State of \_\_\_\_\_, County/City of \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
before me, did personally appear known to me (or satisfactorily proven) to be the person described on the foregoing affidavit and acknowledge that he/she executed the same in the capacity therein stated and for the purpose therein contained.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Notary Public Seal

My Commission expires on \_\_\_\_\_ (Date) \_\_\_\_\_

**For Official Office Use Only**

Name of Diversity Business Liaison completing review:

Date:

STATUS OF BUSINESS REGISTRATION	STATUS DATE	REFERRAL SOURCE	COMMENTS

T.C.A. Section 4-21-904 Discrimination by funded programs prohibited.—It is a discriminatory practice for any state agency receiving federal funds making it subject to Title VI of the Civil Rights Act of 1964, or for any person receiving such federal funds from a state agency, to exclude a person from participation in, deny benefits to a person, or to subject a person to discrimination under any program or activity receiving such funds, on the basis of race, color, or national origin.